



March 4, 2005

Dear Ryan White Title I Service Provider:

**RE: Ryan White Title I Dental Formulary - Fiscal Year 2005-06**

Enclosed for your information and internal distribution is the Fiscal Year 2005-06 Ryan White Title I Dental Formulary with an effective date of March 1, 2005. The Formulary was updated to reflect procedures listed in the Current Dental Terminology (CDT-2005) Manual and the State of Florida Medicaid Dental Services Fee Schedule rates (corrected February 2, 2005) applicable to dental procedures covered by the Ryan White Title I program. Rate changes and dental procedure name changes are listed on the Dental Formulary in **bold** type. Dental procedure descriptor changes are listed on the Dental Formulary in *italics* type. Codes with either a rate change or a dental procedure name change and a dental procedure descriptor change are listed on the Dental Formulary in **bold italics**.

It is important to note that effective September 1, 2004 the Miami-Dade HIV/AIDS Partnership limited Ryan White Title I dental care services to \$3,000 per client per Ryan White Title I fiscal year. Effective March 1, 2005, no exceptions will be considered.

The following code was previously listed in the FY 2004-05 Dental Formulary, but has now been removed from the CDT-2005 Manual; therefore it has been deleted from the FY 2005-06 Dental Formulary:

ADA/CDT-2005 Code	Dental Procedure
D2970	Temporary Crown (Fractured Tooth)

The following code was not previously listed in the FY 2004-05 Dental Formulary, but has now been added to the FY 2005-06 Dental Formulary with a Medicaid reimbursable rate:

ADA/CDT-2005 Code	Dental Procedure
D0120	Periodic Oral Evaluation

The following code was not previously listed in the FY 2004-05 Dental Formulary, but has now been added to the FY 2005-06 Dental Formulary as a supplemental procedure:

ADA/CDT-2005 Code	Dental Procedure
D2799	Provisional Crown

The following code was previously listed with an asterisk (\*) as a supplemental procedure, but is now listed with a Medicaid reimbursable rate:

ADA/CDT-2005 Code	Dental Procedure
D1110	Prophylaxis-Adult

The following codes were affected by a **rate change** based on the January 2005 State of Florida Medicaid Dental Services Fee Schedule:

ADA/CDT-2005 Code	Dental Procedure
11100	Biopsy of Skin, Subcutaneous Tissue and/or Mucous Membrane (Including Simple Closure), unless otherwise listed (Separate Procedure); Simple Lesion
20680	Removal of Implant; Deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)
21031	Excision of Torus Mandibularis
21032	Excision of Maxillary Torus Palatinus
21040	Excision of Benign Cyst or Tumor of Mandible; By Enucleation and/or Curettage
21320	Closed Treatment of Nasal Bone Fracture; with Stabilization
21356	Open Treatment of Depressed Zygomatic Arch Fracture (e.g., Gilles Approach)
21360	Open Treatment of Depressed Malar Fracture, Including Zygomatic Arch and Malar Tripod
21453	Closed Treatment of Mandibular Fracture; with Interdental Fixation
21454	Open Treatment of Mandibular Fracture; with External Fixation
21462	Open Treatment of Mandibular Fracture; with Interdental Fixation
21465	Open Treatment of Mandibular Condylar Fracture
40800	Drainage of Abscess, Cyst, Hematoma, Vestibule of Mouth; Simple

The following codes were affected by a **dental procedure name change** based on the updated CDT-2005 Manual:

CDT-2005 Code	Dental Procedure
D1204	Topical Application of Fluoride (Prophylaxis Not Included)-Adult
D2910	Recement Inlay, Onlay, or Partial Coverage Restoration
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth
D4211	Gingivectomy or Gingivoplasty – One to Three Contiguous Teeth or Bounded Teeth Spaces Per Quadrant
D4241	Gingival Flap Procedure, Including Root Planing-One to Three Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant
D4341	Periodontal Scaling and Root Planing, Four or More Teeth, Per Quadrant
D6545	Retainer-Cast Metal for Resin Bonded Fixed Prosthesis
D7111	Extraction, Coronal Remnants-Deciduous Tooth
D7286	Biopsy of Oral Tissue-Soft
D7410	Excision of Benign Lesion Up to 1.25 cm

The following codes were affected by a **dental procedure descriptor change** based on the updated CDT-2005 Manual:

CDT-2005 Code	Dental Procedure
D0150	Comprehensive Oral Evaluation – New or Established Patient
D1110	Prophylaxis-Adult
D1120	Prophylaxis-Child
D4210	Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant
D4211	Gingivectomy or Gingivoplasty – One to Three Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant
D4240	Gingival Flap Procedure, Including Root Planing-Four or More Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant
D4241	Gingival Flap Procedure, Including Root Planing-One to Three Contiguous Teeth or Bounded Spaces, Per Quadrant
D4260	Osseous Surgery (Including Flap Entry and Closure) – Four or More Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant

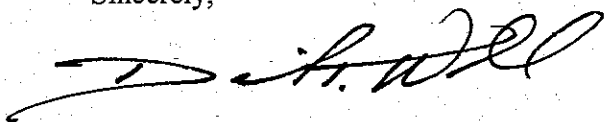
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis
D4910	Periodontal Maintenance
D7111	Extraction, Coronal Remnants-Deciduous Tooth
D7140	Extraction, Erupted Tooth or Exposed Root-(Elevation and/or Forceps Removal)
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth
D7285	Biopsy of Oral Tissue-Hard (Bone, Tooth)
D7286	Biopsy of Oral Tissue-Soft
D9310	Consultation (Diagnostic Service Provided by Dentist or Physician Other than Practitioner Providing Treatment)

As a reminder, all Title I funded dental services (i.e., basic and specialty) are available to all eligible HIV+ clients. An HIV+ symptomatic or AIDS diagnosis is not required in order for clients to access "specialty" (more advanced) dental services. Clients accessing Ryan White Title I dental services must have a household income that does not exceed 300% of the Federal Poverty Level.

In order to bill for a dental procedure that is listed on the Dental Formulary but does not have a corresponding Medicaid rate [i.e., a supplemental dental procedure identified by an asterisk (\*)], your organization must submit to the County a request for the approval of a flat fee (no multiplier may be applied).

Please contact Carla Valle-Schwenk, Program Administrator, at (305) 375-4742 with any questions on these modifications, requests for approval of supplemental rates for dental procedures, and/or for additional information related to dental procedure definition changes. Thank you for your continued cooperation.

Sincerely,



Daniel T. Wall  
Assistant Director  
Office of Strategic Business Management

Enclosure

cc: Carla Valle-Schwenk, Program Administrator  
Ryan White Title I

Ronald Rojas, Fiscal Director  
Ryan White Title I

Effective March 1, 2005

***Ryan White Title I Dental Formulary  
FY 2005-06***

This is a comprehensive list of dental procedures that may be required by individuals with HIV Spectrum Disease. Please note that the Ryan White Title I Dental Formulary consists of basic dental services and specialty (formerly known as specific) dental services. The **basic dental services** are dental procedures that provide routine care to prevent further complications and pain to eligible HIV+ clients, while **specialty dental services** are dental procedures that provide more advanced care to eligible HIV+ clients. A check mark will appear in the left hand column to determine if the dental procedure is either basic and/or specialty. Both basic and specialty dental services may be provided to clients who are HIV+ and have household incomes that do not exceed **300%** of the Federal Poverty Level.

**IMPORTANT**

At the direction of the Miami-Dade HIV/AIDS Partnership, effective September 1, 2004 Ryan White Title I dental care services are **limited to \$3,000 per client** per Ryan White Title I fiscal year with no exceptions.

Rate and dental procedure name changes to the previous Dental Formulary are listed in **bold** type. Dental procedure descriptor changes to the previous Dental Formulary are listed in *italics* type. Codes with either a rate change or a dental procedure name change and a dental procedure descriptor change are listed on the Dental Formulary in ***bold italics***.

<i>Type of Service</i>		<i>ADA<sup>1</sup>/ CDT-2005 Code</i>	<i>Dental Procedure</i>	<i>State of Florida Medicaid Dental Fee Schedule Rates (February 2, 2005)</i>
<i>Basic (✓)</i>	<i>Specialty (✓)</i>			
✓		00001	Unspecified Procedures, By Report	*
✓		00002	Duplication of X-Rays	*

<sup>1</sup> American Dental Association/Current Dental Terminology

**NOTE:** Dental codes and procedures identified with an asterisk (\*) under the "State of Florida Medicaid Dental Services Fee Schedule Rates (corrected February 2, 2005)" column do not have an associated Florida Medicaid Services Fee Schedule rate.

Therefore, they are subject to the approval by Miami-Dade County of a supplemental flat rate.

# Effective March 1, 2005

<i>Type of Service</i>		<i>ADA<sup>1</sup>/ CDT-2005 Code</i>	<i>Dental Procedure</i>	<i>State of Florida Medicaid Dental Fee Schedule Rates (February 2, 2005)</i>
<i>Basic (✓)</i>	<i>Specialty (✓)</i>			
✓		00003	Preventative Periodontal Prophylaxis (Periodontal Prophylaxis)	*
✓		<b>D0120</b>	<b>Periodic Oral Evaluation</b>	<b>\$15.00</b>
✓		D0140	Limited Oral Evaluation - Problem Focused	\$8.00
✓		D0150	Comprehensive Oral Evaluation – New or Established Patient	\$16.00
✓		D0210	Intraoral - Complete Series (Including Bitewings)	\$32.00
✓		D0220	Intraoral – Periapical, First Film	\$4.00
✓		D0230	Intraoral – Periapical, Each Additional Film	\$3.00
✓		D0240	Intraoral - Occlusal Film	\$8.00
✓		D0250	Extraoral - First Film	\$24.00
✓		D0260	Extraoral - Each Additional Film	\$13.00
✓		D0270	Bitewing - Single Film	\$6.00
✓		D0272	Bitewings - Two Films	\$9.00
✓		D0274	Bitewings - Four Films	\$11.00
✓		D0330	Panoramic Film	\$30.00

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<i>Basic (✓)</i>	<i>Specialty (✓)</i>			
✓		<b>D1110</b>	<b>Prophylaxis-Adult</b> <i>(Formerly a supplemental flat rate, now covered under Medicaid and subject to an approved multiplier)</i>	<b>\$18.00</b>
✓		D1120	Prophylaxis-Child	\$14.00
✓		D1201	Topical Application of Fluoride (Including Prophylaxis)-Child	*
✓		D1203	Topical Application of Fluoride (Prophylaxis Not Included) – Child	\$11.00
✓		<b>D1204</b>	<b>Topical Application of Fluoride (Prophylaxis Not Included)-Adult</b>	*
✓		D1205	Topical Application of Fluoride (Including Prophylaxis)-Adult	*
✓	✓	D1330**	Oral Hygiene Instructions	\$6.00
	✓	D1351	Sealant - Per Tooth	\$13.00
✓		D2140	Amalgam Restorations - One Surface, Primary or Permanent	\$31.00
✓		D2150	Amalgam Restorations - Two Surfaces, Primary or Permanent	\$41.00
✓		D2160	Amalgam Restorations - Three Surfaces, Primary or Permanent	\$51.00
✓		D2161	Amalgam Restorations - Four or More Surfaces, Primary or Permanent	\$61.00
✓		D2330	Resin-Based Composite Restorations - One Surface, Anterior	\$34.00
✓		D2331	Resin-Based Composite Restorations - Two Surfaces, Anterior	\$39.00

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<i>Basic (✓)</i>	<i>Specialty (✓)</i>			
✓		D2332	Resin-Based Composite Restorations - Three Surfaces, Anterior	\$44.00
✓		D2335	Resin-Based Composite Restorations - Four or More Surfaces or Involving Incisal Angle (Anterior)	\$72.00
✓		D2391****	Resin-Based Composite Restorations – One Surface, Posterior	\$31.00
✓		D2392****	Resin-Based Composite Restorations – Two Surfaces, Posterior	\$41.00
✓		D2393****	Resin-Based Composite Restorations-Three Surfaces, Posterior	\$51.00
✓		D2394****	Resin-Based Composite Restorations-Four or More Surfaces, Posterior	*
	✓	D2751	Crown-Porcelain Fused to Predominantly Base Metal	*
✓		<b>D2799</b>	<b>Provisional Crown</b>	*
	✓	<b>D2910</b>	<b>Recement Inlay, Onlay, or Partial Coverage Restoration</b>	*
	✓	D2920	Recement Crown	\$17.00
✓	✓	D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$68.00
	✓	D2932	Prefabricated Resin Crown	\$68.00
✓		D2940	Sedative Filling	\$18.00
	✓	D2950	Core Buildup, Including Any Pins	\$65.00

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<i>Type of Service</i>		<i>ADA<sup>1</sup>/ CDT-2005 Code</i>	<i>Dental Procedure</i>	<i>State of Florida Medicaid Dental Fee Schedule Rates (February 2, 2005)</i>
<i>Basic (✓)</i>	<i>Specialty (✓)</i>			
✓		D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$2.00
	✓	D2952	Cast Post and Core In Addition to Crown	*
✓	✓	D2954	Prefabricated Post and Core, In Addition to Crown	\$53.00
✓		D2955	Post Removal (Not in Conjunction with Endodontic Therapy)	*
✓		D3220	Therapeutic Pulpotomy (Excluding Final Restoration)- Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$50.00
	✓	D3310	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care), <u>ANTERIOR</u> (Excluding Final Restoration)	\$148.00
	✓	D3320	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care), <u>BICUSPID</u> (Excluding Final Restoration)	\$190.00
	✓	D3330	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care), <u>MOLAR</u> (Excluding Final Restoration)	\$235.00
✓		<b>D3332</b>	<b>Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth</b>	*
✓		D3346	Retreatment of Previous Root Canal Therapy-Anterior	*
✓		D3347	Retreatment of Previous Root Canal Therapy-Bicuspid	*
✓		D3348	Retreatment of Previous Root Canal Therapy-Molar	*

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<i>Type of Service</i>		<i>ADA<sup>1</sup>/ CDT-2005 Code</i>	<i>Dental Procedure</i>	<i>State of Florida Medicaid Dental Fee Schedule Rates (February 2, 2005)</i>
<i>Basic (✓)</i>	<i>Specialty (✓)</i>			
	✓	D3421	Apicoectomy/Periradicular Surgery-Bicuspid (First Root)	*
	✓	D4210	Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$105.00
	✓	D4211	Gingivectomy or Gingivoplasty – One to Three Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$45.00
✓		D4240	Gingival Flap Procedure, Including Root Planing-Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	*
✓		D4241	Gingival Flap Procedure, Including Root Planing-One to Three Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	*
	✓	D4260	Osseous Surgery (Including Flap Entry and Closure) – Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$114.00
	✓	D4320	Provisional Splinting-Intracoronaral	*
	✓	D4321	Provisional Splinting-Extracoronaral	*
✓	✓	D4341	Periodontal Scaling and Root Planing, Four or More Teeth, Per Quadrant	\$20.00
✓	✓	D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	*
✓	✓	D4910	Periodontal Maintenance	*

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<i>Type of Service</i>		<i>ADA<sup>1</sup>/ CDT-2005 Code</i>	<i>Dental Procedure</i>	<i>State of Florida Medicaid Dental Fee Schedule Rates (February 2, 2005)</i>
<i>Basic (✓)</i>	<i>Specialty (✓)</i>			
	✓	D5110***	Complete Denture - Maxillary	\$310.00
	✓	D5120***	Complete Denture - Mandibular	\$310.00
	✓	D5211***	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$165.00
	✓	D5212***	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$165.00
	✓	D5213***	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$315.00
	✓	D5214***	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$315.00
	✓	D5281	Removable Unilateral Partial Denture-One Piece Cast Metal (Including Clasps and Teeth)	*
	✓	D5410	Adjust Complete Denture – Maxillary	\$14.00
	✓	D5411	Adjust Complete Denture - Mandibular	\$14.00
	✓	D5421	Adjust Partial Denture - Maxillary	\$14.00
	✓	D5422	Adjust Partial Denture - Mandibular	\$14.00
	✓	D5510	Repair Broken Complete Denture Base	\$44.00
	✓	D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$39.00

**NOTE:** Dental codes and procedures identified with an asterisk (\*) under the “State of Florida Medicaid Dental Services Fee Schedule Rates (corrected February 2, 2005)” column do not have an associated Florida Medicaid Services Fee Schedule rate.

Therefore, they are subject to the approval by Miami-Dade County of a supplemental flat rate.

## Effective March 1, 2005

<i>Type of Service</i>		<i>ADA<sup>1</sup>/ CDT-2005 Code</i>	<i>Dental Procedure</i>	<i>State of Florida Medicaid Dental Fee Schedule Rates (February 2, 2005)</i>
<i>Basic (✓)</i>	<i>Specialty (✓)</i>			
	✓	D5610	Repair Resin Denture Base	\$44.00
	✓	D5620	Repair Cast Framework	\$47.00
	✓	D5630	Repair or Replace Broken Clasp	\$56.00
	✓	D5640	Replace Broken Teeth - Per Tooth	\$39.00
	✓	D5650	Add Tooth to Existing Partial Denture	\$42.00
	✓	D5660	Add Clasp to Existing Partial Denture	\$52.00
	✓	D5710	Rebase Complete Maxillary Denture	*
	✓	D5711	Rebase Complete Mandibular Denture	*
	✓	D5720	Rebase Maxillary Partial Denture	*
	✓	D5721	Rebase Mandibular Partial Denture	*
	✓	D5730	Reline Complete Maxillary Denture (Chairside)	\$63.00
	✓	D5731	Reline Complete Mandibular Denture (Chairside)	\$63.00
	✓	D5740	Reline Maxillary Partial Denture (Chairside)	\$63.00
	✓	D5741	Reline Mandibular Partial Denture (Chairside)	\$63.00
	✓	D5750	Reline Complete Maxillary Denture (Laboratory)	\$113.00

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<i>Basic (✓)</i>	<i>Specialty (✓)</i>			
	✓	D5751	Reline Complete Mandibular Denture (Laboratory)	\$113.00
	✓	D5760	Reline Maxillary Partial Denture (Laboratory)	\$113.00
	✓	D5761	Reline Mandibular Partial Denture (Laboratory)	\$113.00
	✓	D5850	Tissue Conditioning, Maxillary	*
	✓	D5851	Tissue Conditioning, Mandibular	*
	✓	D5862	Precision Attachment, by Report	*
	✓	D5899	Unspecified Removable Prosthodontic Procedure, by Report	*
✓		D5986	Fluoride Gel Carrier	*
	✓	D6241	Pontic-Porcelain Fused to Predominantly Base Metal	*
	✓	D6251	Pontic-Resin with Predominantly Base Metal	*
	✓	<b>D6545</b>	<b>Retainer-Cast Metal for Resin Bonded Fixed Prosthesis</b>	*
	✓	D6930	Recement Fixed Partial Denture	*
✓		<b>D7111</b>	<b>Extraction, Coronal Remnants-Deciduous Tooth</b>	<b>\$27.00</b>
✓		D7140	Extraction, Erupted Tooth or Exposed Root-(Elevation and/or Forceps Removal)	\$27.00

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<i>Basic (✓)</i>	<i>Specialty (✓)</i>			
✓	✓	D7210	<i>Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth</i>	\$40.00
	✓	D7220	Removal of Impacted Tooth - Soft Tissue	\$62.00
	✓	D7230	Removal of Impacted Tooth - Partially Bony	\$77.00
	✓	D7240	Removal of Impacted Tooth - Completely Bony	\$79.00
	✓	D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$82.00
	✓	D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$54.00
✓	✓	D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$27.00
✓		D7285	<i>Biopsy of Oral Tissue-Hard (Bone, Tooth)</i>	*
✓		<b>D7286</b>	<b><i>Biopsy of Oral Tissue-Soft</i></b>	*
✓		D7310	Alveoloplasty in Conjunction with Extractions - Per Quadrant	\$45.00
	✓	D7320	Alveoloplasty Not in Conjunction with Extractions - Per Quadrant	\$56.00
✓		<b>D7410</b>	<b>Excision of Benign Lesion Up to 1.25 cm</b>	*

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 under the "State of Florida Medicaid Dental Services Fee Schedule Rates (corrected February 2, 2005)" column  
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<i>Type of Service</i>		<i>ADA<sup>1</sup>/ CDT-2005 Code</i>	<i>Dental Procedure</i>	<i>State of Florida Medicaid Dental Fee Schedule Rates (February 2, 2005)</i>
<i>Basic (✓)</i>	<i>Specialty (✓)</i>			
✓		D7440	Excision of Malignant Tumor-Lesion Diameter Up to 1.25 cm	*
✓		D7441	Excision of Malignant Tumor-Lesion Diameter Greater than 1.25 cm	*
✓		D7450	Removal of Benign Odontogenic Cyst or Tumor-Lesion Diameter Up to 1.25 cm	*
✓		D7451	Removal of Benign Odontogenic Cyst or Tumor-Lesion Diameter Greater than 1.25 cm	*
✓		D7460	Removal of Benign Nonodontogenic Cyst or Tumor-Lesion Diameter Up to 1.25 cm	*
✓		D7461	Removal of Benign Nonodontogenic Cyst or Tumor-Lesion Diameter Greater than 1.25 cm	*
✓		D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	*
✓		D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$47.00
✓		D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$67.00
✓		D7530	Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue	*
✓		D7550	Partial Osteotomy/Sequestrectomy for Removal of Non-Vital Bone	*
✓		D7910	Suture of Recent Small Wounds Up to 5 cm	*
✓		D7911	Complicated Suture Up to 5 cm	*
✓		D7912	Complicated Suture Greater than 5 cm	*
✓		D7970	Excision of Hyperplastic Tissue - Per Arch	\$84.00

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<i>Type of Service</i>		<i>ADA<sup>1</sup>/ CDT-2005 Code</i>	<i>Dental Procedure</i>	<i>State of Florida Medicaid Dental Fee Schedule Rates (February 2, 2005)</i>
<i>Basic (✓)</i>	<i>Specialty (✓)</i>			
✓		D9210	Local Anesthesia not in Conjunction with Operative or Surgical Procedures	*
✓		D9215	Local Anesthesia	*
✓		D9220	Deep Sedation/General Anesthesia - First 30 Minutes	\$57.00
✓		D9221	Deep Sedation/General Anesthesia - Each Additional 15 Minutes	\$23.00
✓		D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$28.00
✓		D9241	Intravenous Conscious Sedation/Analgesia – First 30 Minutes	\$50.00
✓		D9242	Intravenous Conscious Sedation/Analgesia – Each Additional 15 Minutes	\$20.00
	✓	D9310	Consultation (Diagnostic Service Provided by Dentist or Physician Other than Practitioner Providing Treatment)	\$18.00
✓		D9910	Application of Desensitizing Medicament	*
✓		D9930	Treatment of Complications (Post-Surgical)-Unusual Circumstances, By Report	*
✓	✓	D9940	Occlusal Guard, By Report	*
	✓	D9951	Occlusal Adjustment-Limited	*
✓		11100	Biopsy of Skin, Subcutaneous Tissue and/or Mucous Membrane (Including Simple Closure), unless otherwise listed (Separate Procedure); Simple Lesion	\$41.20 (Rate Change)

**NOTE:** Dental codes and procedures identified with an asterisk (\*) under the "State of Florida Medicaid Dental Services Fee Schedule Rates (corrected February 2, 2005)" column do not have an associated Florida Medicaid Services Fee Schedule rate.

Therefore, they are subject to the approval by Miami-Dade County of a supplemental flat rate.

## Effective March 1, 2005

<i>Type of Service</i>		<i>ADA<sup>1</sup>/ CDT-2005 Code</i>	<i>Dental Procedure</i>	<i>State of Florida Medicaid Dental Fee Schedule Rates (February 2, 2005)</i>
<i>Basic (✓)</i>	<i>Specialty (✓)</i>			
✓		20680	Removal of Implant; Deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	\$248.37 (Rate Change)
✓		21031	Excision of Torus Mandibularis	\$174.21 (Rate Change)
✓		21032	Excision of Maxillary Torus Palatinus	\$177.35 (Rate Change)
✓		21040	Excision of Benign Cyst or Tumor of Mandible; By Enucleation and/or Curettage	\$223.85 (Rate Change)
✓		21041	Excision of Benign Cyst or Tumor of Mandible; Complex	*
✓		21320	Closed Treatment of Nasal Bone Fracture; With Stabilization	\$116.53 (Rate Change)
✓		21356	Open Treatment of Depressed Zygomatic Arch Fracture (e.g., Gilles Approach)	\$229.93 (Rate Change)
✓		21360	Open Treatment of Depressed Malar Fracture, Including Zygomatic Arch and Malar Tripod	\$257.00 (Rate Change)
✓		21453	Closed Treatment of Mandibular Fracture; With Interdental Fixation	\$333.51 (Rate Change)

**NOTE:** Dental codes and procedures identified with an asterisk (\*) under the "State of Florida Medicaid Dental Services Fee Schedule Rates (corrected February 2, 2005)" column do not have an associated Florida Medicaid Services Fee Schedule rate.

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## Effective March 1, 2005

<i>Type of Service</i>		<i>ADA<sup>1</sup>/ CDT-2005 Code</i>	<i>Dental Procedure</i>	<i>State of Florida Medicaid Dental Fee Schedule Rates (February 2, 2005)</i>
<i>Basic (✓)</i>	<i>Specialty (✓)</i>			
✓		21454	Open Treatment of Mandibular Fracture; With External Fixation	\$265.24 (Rate Change)
✓		21462	Open Treatment of Mandibular Fracture; With Interdental Fixation	\$758.06 (Rate Change)
✓		21465	Open Treatment of Mandibular Condylar Fracture	\$454.95 (Rate Change)
✓		40800	Drainage of Abscess, Cyst, Hematoma, Vestibule of Mouth; Simple	\$83.38 (Rate Change)

### ADDITIONAL NOTATIONS:

\* This dental procedure does not have a corresponding reimbursement rate in the "State of Florida Medicaid Dental Services Fee Schedule (corrected February 2, 2005)." Therefore, dental providers must submit their cost for the provision of this procedure/service and a detailed justification of the cost to the Title I program. It is important to note that the service provider's approved multiplier rate may not be applied to this procedure. Reimbursement for this procedure will be based on the provider's approved flat rate.

\*\* This procedure may be provided a maximum of twice per year (once every six months).

**NOTE:** Dental codes and procedures identified with an asterisk (\*) under the "State of Florida Medicaid Dental Services Fee Schedule Rates (corrected February 2, 2005)" column do not have an associated Florida Medicaid Services Fee Schedule rate. Therefore, they are subject to the approval by Miami-Dade County of a supplemental flat rate.

## Effective March 1, 2005

### ADDITIONAL NOTATIONS: (CONTINUED):

**\*\*\*** This procedure may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction.

**\*\*\*\*** This procedure may not be used solely for cosmetic purposes.

**NOTE:** Dental codes and procedures identified with an asterisk (\*) under the "State of Florida Medicaid Dental Services Fee Schedule Rates (corrected February 2, 2005)" column do not have an associated Florida Medicaid Services Fee Schedule rate. Therefore, they are subject to the approval by Miami-Dade County of a supplemental flat rate.